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ndicated unless correcte naintenance fee notificat		erwise in Block 1, by (a					rate "FEE ADDRESS" for		
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21839	7590 06/04	/2008	nave						
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APPLICATION NO.	ION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNE	Y DOCKET NO.	CONFIRMATION NO.		
10/621,306	07/18/2003		Won-Hee Choe		030	0681-541	2519		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	OTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0		\$1740	09/04/2008		
EXAM	INER	ART UNI'I	CLASS-SUBCLASS]					
BURLESON,	MICHAEL L	2625	358-520000						
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attack	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having 99.402.000000000000000000000000000000000							
PLEASE NOTE: Unl	ess an assignee is ident	ified below, no assignee	data will appear on the p	atent. If an assigne	e is identi	ified below, the do	ocument has been filed for		
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Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 Cor	rporation o	or other private gro	up entity Government		
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	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lon						
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Authorized Signature	1 ///	Wille		DateA	ugust	29, 2008			
Typed or printed name		Wieland III		Registration No					
an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria. Virginia 223	tiality is governed by 35 d application form to the ions for reducing this bu irginia 22313-1450. DO:13-1450.	6 U.S.C. 122 and 37 CFR 2 USPTO. Time will var- rden, should be sent to the D NOT SEND FEES OR	1.14. This collection is est	timated to take 12 my vidual case. Any cor er, U.S. Patent and 1 O THIS ADDRESS.	mments to o frademark SEND TO	the amount of tire Office, U.S. Department of the Office, U.S. Department of the Office of the Offic	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450, number.		

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	ENCE ADDRESS (Note: Use Blo	ock ! for any change of address)	Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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			Γ			(Depositor's name)	
						(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	NTOR ATTORNEY DOCKET NO		CONFIRMATION NO.	
10/621,306 ITTLE OF INVENTION	07/18/2003 : METHOD AND APPA	RATUS FOR ADAPTIV	Won-Hee Choe ZELY ENHANCING CC	LORS IN COLOR II	030681-541 MAGES	2519	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/04/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]			
BURLESON,	MICHAELL	2625	358-520000				
CFR 1.363). Change of corresponders form PTO/S "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.		inge of Correspondence "Indication form led. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
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SAMSUNG :	ELECTRONICS C	CO., LTD.	SUWON-CIT	Y, KYUNGKI-	DO, REPUBLIC O	F KOREA	
Please check the appropr	riate assignee category or	r categories (will not be p	rinted on the patent):	🗖 Individual 🚨 Co	orporation or other private gr	roup entity Government	
4a. The following fee(s) Solution Fee All Publication Fee (1) Advance Order -	are submitted: No small entity discount p	permitted)	ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
a. Applicant claim	itus (from status indicate	us. See 37 CFR 1.27.			LL ENTITY status. See 37 (
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